MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/532473   **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1		1		1		52						
3		1					53						
4		2					54						
5		2					55						
6		8					56						
7		8					57						
8	1						58						
9	1						59						
10		1					60						
11						1	61						
12						1	62						
13						1	63						
14						1	64						
15						1	65						
16						1	66						
17						1	67						
18						1	68						
19						1	69						
20						1	70						
21						1	71						
22						1	72						
23						1	73						
24						1	74						
25						1	75						
26						1	76						
27						1	77						
28						1	78						
29						1	79						
30						1	80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					3		TOTAL IND.						
TOTAL DEP.					17		TOTAL DEP.						
TOTAL CLAIMS					20		TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)